U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only
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DRDF

3 Name and address of person filing

Name GAUTON A ShackElford

1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

Name UTU

4 Name file number and address of labor organization

1/1/2005 Through 12/31/2005

	Labor Organization File Number ののつうは
P O Box Bldg Room No If any	P O Box Building and Room Number if any
Street 54693 HARMONY LANE	Street 14600 Detroit AUE
City Elkhant	City CLEVELAND
State Ind Am _ ZIP Code +4 46514	State OHTO ZIP Code + 4 44107
Position in labor organization Local Chairman	194 [~]
Enter appropriate data below if during the past fiscal year you or your spo	
except as specified in the excil. Held an interest in engaged in transactions (including loans) with or lonetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	The second secon
Trade Name if any	
To the substanting value of the transition and the	
	7 b Amount
PO Box Bldg Room No If any	
P O Box Bldg Room No If any Street	
P O Box Bldg Room No if any Street City State ZIP Code + 4	

Name of Person Filing		File Number U	

8 Name and address of Business (including trade name if any)	9 Business deals with
Name	a Labor Organization
Trade Name If any	a Labor Organization
P O Box Bldg Room No If any	_ b Trust
The No. of the Control of the Contro	c Employer
Street	
City	
State ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	. Property
Trade Name if any	
PO Box Bldg Room No if any	1
	٦ ا ا
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of interest held or income received
State ZIP Code + 4	
	3
	to an
	12 b Amount

13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment		
(including trade name if any)	\$225 - MEALS		
Name Harrington, Thompson, Acken and Harri	4225 - MEALS A 55 - Poctball game		
Trade Name If any			
PO Box Bldg Room No If any 3 ^d floo,	1		
Street 180 No th Wacker Dewe			
City Chengo			
State JLL ZIP Code + 4 : 60606	_		
13 b Is the Business an Employer X or Consultant ?	14 b Amount of payment		